

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	09/1942839	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input checked="" type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition			\$ 1500
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		9 <input type="text"/>	
Office Action Not timely rec'd			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Gilligan</u>		TITLE: <u>ATTY</u>	
SIGNATURE: <u>Gilligan</u>		PHONE: <u>23214</u>	
OFFICE: <u>*****</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Wanda Bell</u>		DATE: <u>JUL 3 4/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B